]	KS		INSURANCE I	IDENTIFICATION CAR
(S	ГАТЕ)			
COMPANY NUMBER	COMPA	NY	X COMMERCIAL	PERSONAL
	Berk	shire Hathaw	way Homestate	Companies
POLICY NUMBER		EFFECTIVE DATE	EXPIRATIO	N DATE
02APM007372-01	L	8/1/2015	8/1/20	16
YEAR	MAKE/MODEL		VEHICLE IDENTIFICATI	ON NUMBER
Fleet				
Fleet AGENCY/COMPANY IS	SUING CARD			
		ance		
AGENCY/COMPANYIS Charlson-Wil	son Insur		.O. Box 1989	
AGENCY/COMPANY IS Charlson-Wil 555 Poyntz A	son Insur	ite 205 P	.O. Box 1989 89 (785)537-	1600
AGENCY/COMPANY IS Charlson-Wil 555 Poyntz A Manhattan	son Insuravenue, Su	ite 205 P		1600
AGENCY/COMPANY IS Charlson-Wil 555 Poyntz A Manhattan	son Insuravenue, Su	ite 205 P		1600
AGENCY/COMPANY IS Charlson-Wil 555 Poyntz A Manhattan NSURED Kansas	son Insuravenue, Su k State Fle	ite 205 P s 66505-19		1600
AGENCY/COMPANY IS Charlson-Wil 555 Poyntz A Manhattan NSURED Kansas Departr	son Insurativenue, Su K State Fle	ite 205 P S 66505-19 eet min.		1600
AGENCY/COMPANY IS Charlson-Wil 555 Poyntz A Manhattan NSURED Kansas Departr	son Insurativenue, Su K State Fle	ite 205 P S 66505-19 eet min. Room 652S		1600

Web Address: http://www.charlsonwilson.com

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (2007/02)

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